

Q16000000019

(Requestor's Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Scripts Wholesale Inc.
(Name of Alien Business Organization)

Dear Sir or Madam:

The enclosed Designation of Registered Agent and Registered Office for Alien Business Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Steven Diamantstein
(Name of Person)

Scripts Wholesale Inc.
(Firm/Company)

5006 16th Ave Suite 3
(Address)

Brooklyn NY, 11204
(City/State and Zip Code)

For further information concerning this matter, please call:

Mike Gross at (347) 663-2043
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certified Copy

**DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE FOR
ALIEN BUSINESS ORGANIZATION**

PURSUANT TO SECTION 607.0505, FLORIDA STATUTES, THE UNDERSIGNED ALIEN BUSINESS ORGANIZATION SUBMITS THE FOLLOWING STATEMENT IN ORDER TO DESIGNATE ITS REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA:

1. Scripts Wholesale Inc.
(Name of alien business organization)

2. New York
(State or country under which entity is organized)

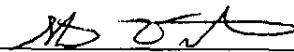
3. 270861081
(FEI Number, if applicable)

4. 5006 16th Ave Suite 3 Brooklyn NY, 11204
(Principal office address)

5. Name and Florida Street address of registered agent.

Registered Agents Inc
3030 N. Rocky Point Dr. STE 150A
Tampa, Florida 33607


6. The street address of the registered office and the street address of the business office of registered agent are identical.

7. 
(Signature of chairman, vice chairman, or officer)

8. Steven Diamantstein, President
(Name and capacity of person signing in number 7 above)

9. Signature of registered agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

 Bill Havre--Assistant Secretary
(Registered agent accepting appointment)

2/17/2016
(Date)

THE FILING OF THIS ALIEN BUSINESS ORGANIZATION FORM WITH THE FLORIDA DEPARTMENT OF STATE DOES NOT AUTHORIZE THE ABOVE REFERENCED ENTITY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

FILING FEE \$35

**Make checks payable to Florida Department of State and mail to:
Division of Corporations P. O. Box 6327 Tallahassee, FL 32314**

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